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Bib Data Sheet

CONFIRMATION NO. 9205

SERIAL NUMBER 10/815,121	FILING DATE 03/31/2004 RULE	CLASS 702	GROUP ART UNIT 2857	ATTORNEY DOCKET NO. 50037.0232US01
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** CONTINUING DATA *****

None m/b

** FOREIGN APPLICATIONS *****

None m/b

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/10/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	WA	4	28	4
Verified and Acknowledged	<i>Pat L. Rose</i> <i>m/b</i> Examiner's Signature Initials				

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TITLE

Test services provider

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